

EMPLOYEE MASTER PAYROLL SHEET

REV 03/14

| | | | | | | |
|---|--|--|---|----------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> NEW EMPLOYEE ← | NAME OF DEPARTMENT | | | | DEPARTMENT # | |
| | | | | | | |
| <input type="checkbox"/> NAME OR ADDRESS CHANGE ↕ | NAME OF EMPLOYEE | | | | EMPLOYEE # | |
| | | | | | | |
| <input type="checkbox"/> RATE CHANGE ← | EFFECTIVE DATE | GENDER | ORG. & OBJ # | | | |
| | | | | | | |
| <input type="checkbox"/> REGULAR ORG/OBJ CHANGE ↕ | PAYPERIOD BIWEEKLY MONTHLY <input type="checkbox"/> <input type="checkbox"/> | | SICK TIME TO ACCUE YES <input type="checkbox"/> NO <input type="checkbox"/> | | SICK TIME ACCRUAL RATE | |
| | | | | | | |
| <input type="checkbox"/> TRANSFER DEPT ↕ | TRANSFER LOCATION FROM | TRANSFER LOCATION TO | BARGAINING UNIT | GRADE | STEP | JOB CLASS |
| | | | | | | |
| <input type="checkbox"/> TERMINATE ← | NAME OF EMPLOYEE | | | | | |
| | FIRST | | M.I. | | LAST | |
| <input type="checkbox"/> OTHER | | | | | | |
| TAX INFORMATION | | | | | | |
| MARITAL STATUS | ADDRESS: NUMBER & STREET NAME (APARTMENT # IF APPLICABLE) | | | | | |
| M <input type="checkbox"/> S <input type="checkbox"/> | | | | | | |
| # FED EXEMPT | EXTRA FED TAX \$ | ADDITIONAL ADDRESS | | | | |
| | | | | | | |
| # STATE EXEMPT | EXTRA STATE TAX \$ | CITY (PLEASE ABBREVIATE IF NEEDED) | STATE | ZIP CODE +4 | | |
| | | | | | | |
| SOCIAL SECURITY NUMBER | | TITLE | | | | |
| | - | - | | | | |
| HOURLY RATE | | RATE OF COMPENSATION BIWKLY ANNUAL <input type="checkbox"/> <input type="checkbox"/> | | DATE OF BIRTH | | RECURRING EARNINGS Y/N |
| \$ | | \$ | | | | 100 REGULAR |
| Actual Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> | | | | MANDATORY DEDUCTIONS | | 200 OVERTIME |
| Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> | | | | OBRA 7.5% | <input checked="" type="checkbox"/> | 301 POL/FIRE HOLIDAY |
| ADDITIONAL COMMENTS/INFORMATION/EXPLANATION OF RATES: | | | | MEDICARE | <input checked="" type="checkbox"/> | 302 HOLIDAY |
| | | | | MUNICIPAL RETIREMENT | % | 400 VACATION |
| | | | | TEACHER RETIREMENT | % | 500 SICK |
| | | | | OTHER/ADD'L RETIRE | | 505 PERSONAL |
| | | | | | | 450 COMP EARNED |
| | | | | | | 451 COMP USED |
| | | | | | | 631 SHIFT DIFFERENTIAL |
| | | | | | | 633 ADDL BASE \$20 (FOR 10 YRS) |
| | | | | | | 634 ADDL BASE HOURLY |

INITIATING DEPT
INITIALS & DATE

AUDITING DEPT.
INITIALS & DATE

TREASURER'S OFFICE
INITIALS & DATE